



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

AUSTIN RADIOLOGICAL ASSOICATES
PO BOX 4099
AUSTIN TX 78765

DWC Claim #:
Injured Employee:
Date of Injury:
Employer Name:
Insurance Carrier #:

Respondent Name

AMERISURE INSURANCE CO

Carrier's Austin Representative Box

Box Number 47

MFDR Tracking Number

M4-13-0088-01

MFDR Date Received

SEPTEMBER 12, 2012

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The patient at the time of service did not provide Workers' Compensation information for billing purposes only provided his personal group insurance. Austin Radiological Association must bill by what is received and/or forwarded to us for billing by the Hospital the patient was seen as this is not our own freestanding clinic. This charge for date of service 9-29-11 was billed originally to the patient as no insurance information was provided at the time of services. We were not aware this was work related until we received a letter from MCMC dated 1-27-12 requesting us to resubmit on correct HCFA from since the patient must have sent them our statement to them for processing. We updated [injured workers'] account to corrected work comp insurance information on 2-16-12 and resubmitted our claim to Amerisure which was within the 95 day filing deadline from the date we were informed this was a workers' comp claim."

Amount in Dispute: \$37.00

Respondent's Position Summary: "Austin radiological Associates admits in their correspondence dated 9/6/12 that they originally billed the claimant as no insurance information was provided at the time of service. They further state that they received a letter from MCMC (our bill audit vendor) requesting them to re-submit o the correct HCFA form since the claimant sent us the Austin Radiological Associates statement. We have confirmed that this is correct. Amerisure Insurance received a bill from Austin Radiological Associates from the claimant on 10/14/11. Although the date of service is the same, this is not the bill in question. MCMC forwarded this statement to Austin Radiological Associates on 20/26/11 as the statement was on the wrong billing form. MCMC requested that the charges be placed on a CMS 1500. On 1/11/12, Amerisure Insurance received a second statement from Austin Radiological Associates from the employer. This too, was a statement for the same date of service, but was for a different charge. This was the same statement that Amerisure Insurance originally received on 10/14/11. Once again, this statement was send back to Austin Radiological Associates requesting that the charges be placed on a CMS 1500. Austin Radiological Associates confirm receipt of this correspondence in their correspondence to MDR dated 9/5/12. Austin Radiological Associates, correspondence of 9/5/12 states that they did not submit the bill in question until 2/16/12, 140 days from the date of service. We would also point out that this is the first time that Amerisure Insurance received this particular charge for \$37.00, as the two previous charges were for \$247.50. This bill was received by Amerisure Insurance on 2/29/12. The bill was denied for timely filing per rule 133.20... It is our understanding that the only exception to this rule is a provider incorrectly submitting the bill to either the wrong workers' compensation carrier or a group carrier. None of these two exceptions appear to apply."

Response Submitted by: Amerisure, 5221 N. O'Connor Blvd, Ste. 400, Irving, TX 75039

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
September 29, 2011	Radiological Services	\$37.00	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for health care providers to pursue a medical fee dispute.
2. 28 Texas Administrative Code §133.20 sets out the procedures for health care providers to submit workers' compensation medical bills for reimbursement.
3. 28 Texas Administrative Code §102.4 sets out the rules for non-Commission communications.
4. Texas Labor Code §408.027 sets out the rules for timely submission of a claim by a health care provider.
5. Texas Labor Code §408.0272 sets out the rules for certain exceptions for untimely submission of a claim by a health care provider.
6. The services in dispute were reduced/denied by the respondent with the following reason codes:
 - 29 – The time limit for filing has expired.
 - Denial per TDI/DWC Rule 133.20 Medical Bill Submission by Health Care Provider.
 - 193 – Original payment decision is being maintained. Upon review it was determined that this claim was processed properly.

Issues

1. What is the timely filing deadline applicable to the medical bills for the services in dispute?
2. Did the requestor forfeit the right to reimbursement for the services in dispute?

Findings

1. 28 Texas Administrative Code §133.20(b) states, in pertinent part, that, except as provided in Texas Labor Code §408.0272, "a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided. In accordance with subsection (c) of the statute, the health care provider shall submit the medical bill to the correct workers' compensation insurance carrier not later than the 95th day after the date the health care provider is notified of the health care provider's erroneous submission of the medical bill. A health care provider who submits a medical bill to the correct workers' compensation insurance carrier shall include a copy of the original medical bill submitted, a copy of the explanation of benefits (EOB) if available, and sufficient documentation to support why one or more of the exceptions for untimely submission of a medical bill under §408.0272 should be applied..." No documentation was found to support that any of the exceptions described in Texas Labor Code §408.0272 apply to the services in this dispute. For that reason, the requestor in this dispute was required to submit the medical bill not later than 95 days after the date the disputed services were provided.
2. Texas Labor Code §408.027(a) states, in pertinent part, that "Failure by the health care provider to timely submit a claim for payment constitutes a forfeiture of the provider's right to reimbursement for that claim for payment." 28 Texas Administrative Code §102.4(h) states that "Unless the great weight of evidence indicates otherwise, written communications shall be deemed to have been sent on: (1) the date received, if sent by fax, personal delivery, or electronic transmission or, (2) the date postmarked if sent by mail via United States Postal Service regular mail, or, if the postmark date is unavailable, the later of the signature date on the written communication or the date it was received minus five days. If the date received minus five days is a Sunday or legal holiday, the date deemed sent shall be the next previous day which is not a Sunday or legal holiday." Review of the submitted information finds no documentation to support that a medical bill was submitted within 95 days from the date the services were provided. Therefore, pursuant to Texas Labor Code §408.027(a), the requestor in this medical fee dispute has forfeited the right to reimbursement due to untimely submission of the medical bill for the services in dispute.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

July 26, 2013
Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.